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ABSTRACT

Many school systems have started to go beyond programs focused on suicide prevention or drug abuse to encompass all types of school crises. School districts and individual schools across tha nation are formulating crisis management plans and in some states they have become mandatory. Basic procedures drawn from plans adopted by schools include the following: (1) designate in advance the person and a substitute who will be in charge if a crisis occurs; (2) identify a potential crisis management team; (3) maintain a regularly updated record of persons and organizations that are to be contacted immediately; (4) designate a space that will become the crisis management team's headquarters; (5) at regular intervals review the overall plan; (6) arrange for staff inservice training; (7) assign a recordkeeper; and (8) designate a person to provide information to the media. Review the plan with the school staff and with parents, sharing with them the responsibility for developing the best possible strategies. As experience has painfully demonstrated, no school is immune to crisis and calamity. (MLF)

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Carol Nation

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The depressed sixth grader moans, "I'm going to kill myself," and more and more frequently, researchers say, elementary and middle school youngsters who utter that threat really mean it. During the 1980s the nation has become painfully aware of a growing incidence of suicide among teenagers and young adults, with the American Association of Suicidology reporting that it has tripled since 1950. Suicide is now the second leading cause of death for youths in the 15-to-24 age range, the association adds, and suicide prevention programs have been launched in high schools throughout the country.

Now it would appear that elementary and middle school youngsters are similarly beset by levels of stress and depression that some feel they cannot cope with. Suicide has thus found a place among the ten leading causes of mortality among preadolescents.

In 1985 some 300 children under age 15 committed suicide, double the rate for 1980. In the face of this disturbing development, there is a growing movement—in Utah, for example, the PTA is taking the lead—toward state support of suicide prevention programs that cover grades K through 12.

While child suicides attract the most newspaper and TV attention, they represent only one among an array of problems that envelop today's young people. To the afflictions that beset them add drug abuse, the disturbances caused by broken homes, poverty—children make up the most desperately poor group in the nation—the dark shadow of a nuclear war, the spread of terrorism, all the talk about AIDS, and many more. Life for American children today is tough and stressful, and becoming more so.

The nation's public schools inevitably find themselves being called on to intervene, and many systems have started to go beyond programs focused on suicide prevention or drug abuse to encompass all types of school crises.

It is a big job—too big for the schools to tackle alone. Thus many are teaming up with other agencies to form networks in which parents and children are brought together with the full panoply of community resources to deal with child-related problems.

Some critics question the direct involvement of the schools in the life-and-death issues involving children, and school people themselves may very well have reservations. In fact, however, there is probably no alternative. The school is the only community institution where all children come together every day, and school staffs offer the most trusted experts in providing guidance. For their part, the schools have much to gain from a comprehensive crisis program, for they obviously will do a much better job of educating as the barriers to student learning are removed. As a school psychologist pointed out to a committee of the Pennsylvania state legislature, "Children who are in pain cannot learn."

The crises that bear down so heavily on young Americans today are numerous and widespread. In addition to the suicide situation they include

Child abuse: The House Select Committee on Children, Youth and Families found that the number of abused or neglected children climbed by 54.9 percent between 1981 and 1985, with child sexual abuse rising the fastest—by 57.4 percent between 1983 and 1985 alone. It is estimated that abuse of one form or another is inflicted on nearly two million children each year.

Depression: Dr. Donald H. McKnew, Jr., a child psychiatrist affiliated with the National Institute of Mental Health, estimates that from three to six million children, representing all economic levels, suffer from depression so severe that they need clinical help. Dr. McKnew says that as many as 10 percent of youngsters in the 6-to-12 age range have under-

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gone at least one episode of depression so debilitating that they were unable to function—to attend school, for example. About half of these children are said to dwell on committing suicide, and as the record shows, an increasing number of them actually attempt to do so. Their symptoms are similar to those suffered by depressed adults—including inability to sleep and eat properly, a pervasive feeling of hopelessness, low self-esteem, lethargy, poor social adjustment, inadequate performance on assigned tasks, withdrawal, anger and aggressiveness. Recent research indicates that childhood depression may begin as early as the toddler stage. Since depression tends to occur in cycles, the experts say, early treatment may at least help keep the problem from snowballing as the child grows older.

Drugs and alcohol: Children are found to be taking a drink of alcohol at a younger age than ever before with some starting as early as age five. A recent survey of 500,000 children in the 9-to-12 age range by the National Council on Alcoholism and *Weekly Reader* showed that almost half had experienced peer pressure to try drugs or take a drink—particularly in the form of wine coolers, which, thanks to effective advertising, are considered more chic these days than beer (they also contain more alcohol). The National Institute of Drug Abuse states that today it is not uncommon to find children aged nine or ten regularly using alcohol or marijuana.

Family conflict: Currently in the United States only one in five families is composed of a father as the breadwinner and a mother at home with the children. While the experts argue over how much harm is inflicted on "latchkey" children left on their own while their mothers go to work, few would suggest that this arrangement is beneficial. At any rate, today an estimated 60 percent of mothers with children under 18 hold jobs, including 43 percent of the mothers of infants. Meanwhile government statistics show that the divorce rate has risen 100 percent since 1954, and since 1960 the incidence of single-parent homes has increased by 500 percent! During the past 15 years, 15,600,000 marriages have ended in divorce, disrupting the lives of some 16,300,000 young children. In single-parent households where there are school-age youngsters, 69 percent of the mothers go out to work; even where the children are under three, it is no less than 53 percent.

Today a host of crisis-generating problems beset kids at the K-8 levels.

And there are other family pressures. More and more parents either say they cannot find an appropriate amount of time for their children or lack the interest to do so. Many are pressured by the increasingly higher cost of raising a child—29 percent of the median family budget for babies born in 1984 contrasted with 1.1 percent for those born in 1966—and some may speak so much about their distress and unhappiness that the child feels responsible.

Meanwhile, perhaps largely due to the mobility of today's society, many youngsters do not get the sense of support and stability that comes from being part of an extended family. They never get to know their relatives—their grandparents and their father's sister and mother's brother, and perhaps cousins of their own age—and thus are more prone to feel socially isolated than their grandparents were.

Day care: The House Committee on Children, Youth and Families estimates that seven million children are being raised nowadays in day care centers or other such facilities. The quality of care varies greatly, as is suggested by the committee's finding that the great majority of these operations are not licensed, and in any case the children are pretty much on their own. Another seven million "latchkey" children under age 14 are alone after school and in effect raising themselves until a parent arrives home from work. It has been contended that both groups of children actually benefit from their experience because they learn self-sufficiency and independence, but most observers feel that while this contention may be true for a few of these children, for the great majority being left alone generates stress and a deep sense of being deprived. Many such youngsters, moreover, are made responsible for younger siblings and thus find themselves in the confusing position of being expected to behave as adults at home but children at school.

Poverty: Today 25 percent of all American children under the age of six are in families officially classified as poor, which is to say that much of the time they are hungry. Similarly, according to the House subcommittee, an estimated 7,000,000 white children and 4,000,000 black under the age of 15 live below the official poverty line. Poverty has of course always been recognized as a powerful force for warping people's lives, and it continues today to be a basic source of stress and desperation for millions of American children and youth.

"Succeeding": Meanwhile many other children frequently find themselves under day-in-and-day-out pressure to please their parents by making academic achievements that are far beyond their years—to learn how to read, for example, before they are even all that steady on their feet. Many well-meaning mothers and fathers are thus pushing their boys and girls into psychological stresses and problems that will ultimately call for one level or another of crisis inter-

vention.

Disasters: To the traditional calamities that have on occasion beset schools—fires, floods, blizzards, airplane crashes, earthquakes, tornadoes, and the like—we must now add such modern developments as chemical spills, bomb threats, sniper attacks, AIDS, hostage situations, and terrorism. No community seems to be immune to these kinds of catastrophes, and every school needs to have a plan not only to deal with the immediate event but to help students deal with the long-term psychological blows they commonly suffer.

Accidents: According to the authors of *Academic Therapy,* more than 21 million children are severely injured in accidents each year, and an estimated 10 to 20 percent of these childhood injuries occur in school or en route to and from school. The National Safety Council reports that in 1985, some 5,500 children were injured in school bus accidents and at schools themselves. Clearly, there need to be people at schools who have been trained in basic first aid skills and in coping with life-threatening emergencies until help arrives.

As this list suggests, there is plenty of reason for principals and other school authorities to reach out for ways to help children cope with stress. And there are solid sources of help to turn to. Consider child suicides, for example. In recent years there have been several episodes of "cluster" or "serial" suicides involving two or three youngsters and generating fears that suicide among the young might in effect be "contagious."

Many states and communities have responded by exploring a variety of intervention efforts, and currently the United States House of Representatives is considering a proposed Youth Suicide Prevention Act calling for a series of grants to fund local demonstration programs. A copy of this act may be obtained by writing to the Senate Document Room, Hart Building, Room B-04, Washington, D. C. 20515. In this connection, generalized information about the situation may be obtained from the Youth Suicide National Center, 1811 Trousdale Drive, Burlingame, CA 94010.

Before 1980, according to the Harvard Graduate School of Education's *Education Letter,* no one had developed a suicide prevention program focused on children. Today there are 400 or so, of varying degrees of reliability. Meanwhile at least four state legislatures—California, Louisiana, Virginia, and Florida—have mandated various kinds of suicide prevention elements in the school curriculum, and others are studying similar moves. Such local school districts as Denver's Cherry Creek and the Houston system have developed their own programs; and in many other areas, individual mental health organizations are working with the schools in their community. In Connecticut, for example, the Wheeler Clinic in Plainville has trained high school students to provide counsel and support to troubled youngsters in grades 5 through 12.

Suicide prevention proves to be only one crisis area needing attention.

In recent months an increasing number of educators and health professionals have begun to suggest that maintaining a variety of single-focus enterprises—for example, a program that deals just with child suicide or just with drug abuse, the two that currently attract the most attention—results in duplicated efforts and dissipated energy. Youth suicide, they note, is inextricably linked to other self-destructive youthful behaviors, and it would make sense to consider all of them at the same time.

Testifying before a Pennsylvania legislative committee investigating teenage suicide, for example, school psychologist Fred Shipman from the Quakertown Community School District noted that while suicide "represents the ultimate act of self-harm," schools seeking to deal with it need also to consider such other destructive crises in children's lives as chronic depression, anorexia nervosa, bulimia, pregnancy, alcoholism, and drug abuse. "We cannot speak of suicide prevention," he said. "in isolation of other self-destructive behaviors . . . I do not wish to have educators diagnose or treat. We can, however, observe behavior, assess the warning signs, and refer to appropriate treatment agencies."

Shipman went on to describe a project launched in the Quakertown district in 1984 and modeled on employee assistance programs established by business and industry. The idea was to provide a system of early identification, intervention, referral, and aftercare for high-risk students. In addition to chemical overdose and attempted suicide, the program seeks to help in such crisis situations as physical abuse, sexual abuse including incest, neglect, such eating disorders as anorexia and bulimia, pregnancy, depression and other psychological disorders, alcohol and drug abuse, truancy, and dropout.

Guidelines were developed that described the differing interventions that were to be undertaken by a Student Assistance Core Team whose members include a coordinator, a teacher, a nurse, a guidance counselor, a building-level administrator, and an administrator from the district office. Arrangements were made for experts in relevant fields to provide ongoing special training, and the team was called on to "respond to student dysfunctional and/or self-destructive behaviors, considering not only appropriate punitive measures

but, in every instance, appropriate helping measures."

A similarly holistic approach was urged by the Minnesota Department of Education in a proposal issued early in 1987 for the state legislature to implement a comprehensive "whole child" policy for serving high-risk students from kindergarten into adulthood. In addition to finding ways to achieve closer ties between parents and the schools in dealing with the problems that beset at-risk students, the proposal seeks the involvement of "those systems whose primary responsibilities are for human welfare, public health, justice and economic security" along with business, industry, and agriculture. "Education should provide leadership in this partnership," the statement adds, and be "a key facilitator of programs and services for at-risk learners when the objective is to alleviate barriers to learning." The proposal has made such an impression that by late 1987 the state legislature had enacted no less than ten new laws with a student-at-risk orientation. (A copy of the proposal may be obtained by writing to Joleen Durken, Minnesota Department of Education, Capital Square, St. Paul, Minnesota 55101, or by telephoning her at 612/296-4082.)

Another example of a comprehensive, multi-agency program is the High Risk Identification and Intervention Project recently adopted by Arlington County Public Schools in Virginia. While the system already had procedures for dealing with emergencies, school leaders saw the need for a program that embodied two basic characteristics:

- First, that it take into account the increasing number of "modern" crises that can erupt in today's schools—child suicides, drug abuse, bomb threats, terrorist attacks, and the like.
- Second, that it reach out beyond the school and join forces with the numerous other community organizations and institutions that can provide invaluable expertise and resources for dealing with crises and for helping at-risk students cope with their problems.

The program provides guidelines for the management of school crisis situations and among other things includes an Elementary Guidance Counselor Program serving youngsters from preschool through sixth grade.

Developed cooperatively by the Arlington County Department of Human Services, the Arlington Community Services Board, and the Arlington Public Schools, the project includes three major components:

1. Educating administration and staff about the signs and symptoms of high-risk students, and conducting an information/awareness campaign aimed especially at students who might be or become in need of help.
2. Guidelines for dealing with emergencies and arranging for assessment and follow-up, with the latter to include working with troubled students and their families.
3. Procedures for referring students to the county's Mental Health Services Division or to public or private hospitals, or to private practitioners.

An outreach staff is on call to all schools, including the county's 16 elementary schools and special education center.

In addition to taking part in the overall project, individual schools mount a range of awareness activities on their own—from workshops on alcoholism, depression, and suicide to a variety of inservice training sessions for the instructional staff and also for secretaries. The latter "are often the first people touched by a school crisis," says Pupil Personnel Services Director Richard Blocker, "and they can be superb in crisis situations."

Many schools are launching programs that address crises across the board.

Bernard E. Murphy, Jr., supervisor of the Prevention and Intervention Bureau of the county's Human Resources Department, said that including elementary schools in at-risk programs represents a departure from common practice but that the project's planners never thought about doing otherwise.

"Our society may seem slow to accept it," he added, "but the sad fact is that elementary schools today are no more immune to crises than other public institutions. Fires, drugs, molestations, kidnapping, serious injury to a teacher or student, a death—you name it, somewhere it has happened."

Two recent tragedies illustrate his point—the May 1986 hostage and bombing crisis incident that brought terror and injury to students and teachers and parents in an elementary school in Cokeville, Wyoming; and the shocking Challenger explosion in January 1986 that killed Christa McAuliffe and six other astronauts while 25 million children—most of them of elementary and middle school age—watched on television.

As a consequence of such disasters as these, school districts and individual schools across the nation are formulating crisis management plans and in some states they have become mandatory. Educators involved in such efforts might well consider a few basic procedures drawn primarily from the Arlington approach but also from plans adopted by other schools in various parts of the nation. They include the following:

- Designate in advance the person in the school who will be in charge if a crisis occurs—in most cases it will probably be the principal—and also designate a substitute to

take over if necessary.

• Identify a potential crisis management team, with the understanding that additions or substitutions may be made, depending on the nature of the problem. Members of this team might well consist of the principal; the assistant principal if there is one; the school nurse; a school counselor; a police officer involved in youth matters; a school psychologist; a social worker; one or more teachers as appropriate; a mental health therapist; a translator, in schools with a large number of foreign-born students (the children in Arlington County's schools speak no less than 40 foreign languages); a public health director; a member of the district public information staff or a member of the school staff who has received (or is provided) special training in media relations; and appropriate secretarial and clerical help.

• Maintain a regularly updated record, with telephone numbers, of persons and organizations that are to be contacted *immediately*—the superintendent of schools, for example, the police and fire chiefs, emergency health service officials, the school district public information office, transportation and building service officials, and the mental health emergency service, plus, of course, the school staff. With all of these people it is important to work out, in advance, how the contact is to be made and whom to turn to if the person is not immediately available.

• Designate a space that will become the crisis management team's headquarters, and make sure it is appropriately equipped, in particular having enough telephones.

• At regular intervals assemble the crisis management team to review the overall plan and go over each individual's responsibilities.

• Arrange for staff inservice training—particularly for school secretaries but also for others who may find themselves dealing with inquiries—on how to handle telephone calls generated by the crisis.

• Assign an appropriate team member, plus a backup, to maintain a log of events and actions during the crisis, toward ensuring that there will be an accurate written record that can be reviewed once the dust has settled.

• Designate the individual who is to provide information to the media. Presumably this will be either the public relations staffer or the trained member of the school staff. Alternatively it could be the principal, *if* the principal is skillful in the tricky business of dealing with the press and can break free from the more important responsibility of managing the team's work on the crisis.

Crisis-management efforts need to tap all of the resources the community offers.

• After the plan has been approved by the school district, review it with the entire school staff and with parents at a PTA meeting, seeking suggestions and in any case sharing with them the responsibility for developing the best possible strategies.

During the crisis, the scenario would evolve in some such fashion as this:

• The team leader summons the team to an immediate meeting and notifies key officials and organizations that a crisis has developed and that the crisis management team is being assembled.

• At the quickly gathered meeting, all available facts are collected and compared . . . team members with firsthand knowledge contribute to an early assessment of the situation . . . tasks are assigned . . . a beginning is made on developing a schedule of actions to be taken.

• Team members again contact key officials and organizations to learn if they have any further information the team may not have received and to relate how the team plans to proceed.

• The school staff is alerted to the fact that the crisis management team has been gathered, and appropriate instructions are issued by the principal. A general announcement about the situation is made in the school, and one of the school staff members of the team is assigned as the liaison between the team and the school to help deal with questions from teachers, students, and parents. Through the liaison person, continuing contact is maintained with the school to provide developing information and pass along instructions from the principal.

• A faculty meeting is scheduled as soon as feasible, for the purpose both of providing information and collecting information about the impact of the crisis and whether it has generated any additional problems that need attention.

• The record keeper starts preparing the log and the public information spokesperson begins framing an initial statement to the media, to be followed by progress reports issued as soon as verifiable new information becomes available. The initial statement should be issued immediately, without waiting for all the facts to be gathered, even if the statement must concede that school officials do not know precisely what the situation is. All statements must be entirely factual. Certain facts may temporarily be withheld if there is very, very good reason to do so—if releasing them would clearly cause serious harm, for example—but there must never be any *mis*information.

• Throughout the incident, task forces are formed and put to work on special needs and situations—keeping parents informed . . . determining what needs to be done to help the students cope with the situation . . .

arranging meetings, or perhaps making plans for such special events as a memorial service or a fund-raiser . . . maintaining contact with groups in the community that can help the school get through the situation with minimum damage to students and the school program.

When the crisis is ended, members of the crisis management team should be reassembled to receive counsel on dealing with the stress they suffered during the event, to review the action plan and suggest needed amendments, and perhaps to recommend supportive services that should be provided to students, staff, and parents.

(Further information about the Arlington program may be obtained by contacting Richard Blocker, Director of Pupil Personnel Services, Arlington Public Schools, 1426 Quincy Street, Arlington, VA 22207, telephone 703/558-2361.)

During recent weeks the newspapers and wire services have not carried stories of school bombings or other such crises, and there seems to have been an abatement also of reports of drug abuse by students and of youth suicide cases.

Unfortunately, however, the sources of the stress and injury and dislocation that afflict children today remain as threatening as ever, and in fact may be increasing. The incidence of divorce and one-parent families and "latchkey" children—or of the number of children who do not even have a home—seems never to stop growing.

One useful response to the situation is to get prepared. As experience has painfully demonstrated, no elementary or middle school in any part of the nation, no matter how remote, is immune any longer to crisis and calamity.

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